

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032629

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

8086

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED AUG 31 1962

1. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN ST. LOUIS

Length of stay in 1b  
LIFE

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 2227-MADISON-ST.

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MISSOURI b. COUNTY

c. CITY OR TOWN ST. LOUIS

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
2227-MADISON-ST.

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
LEO - B. - KUNKEL

4. DATE OF DEATH  
Month Day Year  
AUG. 19TH 1962

5. SEX  
MALE

6. COLOR OR RACE  
WHITE

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
4-12-1909

9. AGE (last birthday)  
53 YRS.

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
FORMERLY: COST-ACCOUNTANT

10b. KIND OF BUSINESS OR INDUSTRY  
S.G. ADAMS-CO.

11. BIRTHPLACE (City and state or country)  
ST. LOUIS-MO.

12. CITIZEN OF WHAT COUNTRY  
U. S. A.

13a. FATHER'S NAME

BRUNO-R-KUNKEL

13b. MOTHER'S MAIDEN NAME

CECILIA - MERZ

14. NAME OF HUSBAND OR WIFE

NEVER-MARRIED.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
NO NONE

16. SOCIAL SECURITY NO.

17. INFORMANT  
Address  
ROSE-KUNKEL = 2227-MADISON-ST.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardioma float of mouth

INTERVAL BETWEEN ONSET AND DEATH  
2-23-61

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Leukoplakia floor of mouth

8-19-62

DUE TO (c)

Mouth 143x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-23-61 to 8-19-62 and last saw him alive on 8-19-62

Death occurred at 10:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

BURIAL

AUG. 22-1962

CALVARY-CEMETERY

ST. LOUIS MO.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Brockland Und. Co. 1827-HOGAN-ST.

AUG 20 1962

Carl Smith. M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

VS 300  
Rev. 4/59

1  
2 220  
3  
4 0  
5 0  
6  
7 0  
8 2  
9  
10  
11  
12 90-0  
13

90

Miss J. Moore - Elmwood, St. Louis, Mo.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harry E. Monroe

Licensed Embalmer No. 4425

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.